

BAR in COVID-19 patients. Three-drug combination is well tolerable, and have potential to prevent exacerbation of severity.

P5-48 | Shrot versus long antibiotic course for pleural infection management: A randomised trial

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Background: The recommended length of antibiotic course for pleural infection treatment is four weeks but this is based on expert opinion only. This clinical trial aims to compare a short (2-3 week) course with a long (4-6 week) course in terms of infection relapse.

Methods: This was a randomised open label trial recruiting adult patients hospitalised with pleural infection who were stabilised within 14 days of hospital admission. Patients with prolonged admission or who were referred for surgery were excluded. Primary outcome was infection relapse at 6 weeks as evidenced by worsening radiology with raise in inflammatory markers.

Results: 37 patients were enrolled, 19 randomised to short course and 18 randomised to long course. Table 1 summarises demographic and clinical data of trial patients. Infection relapse occurred in 3/19 (15.7%) patients in the short arm and in 2/18 (11.1%) in the long arm (chi2 0.173, p=0.677). The mean difference in the length of antibiotic treatment between the 2 groups was 13.2 days (95% CI 10.7 to 15.7 days).

Conclusion: In adult patients with pleural infection who are stabilized within 14 days of diagnosis, a three-week antibiotic course did not lead to more treatment failure in comparison to longer courses.

Background and Aims: Coronavirus disease 2019 (COVID-19) has caused over 2 million deaths globally to date. Current COVID-19 guidelines cover management of acute disease, prevention, and vaccination. However, there is little known about the persistent symptoms and extent of lung damage after COVID-19. Organizing Pneumonia (OP) has been described in patients following COVID-19 infection as a late phase complication. Corticosteroids are the first-line treatment, but dose and management have not been defined in this population. In this study, we assess the outcomes of treatment with corticosteroids post COVID-19 in the outpatient setting.

Methods: We performed a retrospective cohort study of 15 patients diagnosed with OP following COVID-19 infection from June 2020 to June 2021. Descriptive analysis of the cohort was performed including demographic information, clinical presentation, corticosteroid treatment, chest computed tomography, and pulmonary function tests (PFTs).

Results: A total of 15 patients were included (mean age: 61 years; 53% female; 67% never smokers). All patients were hospitalized due to COVID-19 infection, and 11 were discharged with supplemental oxygen at home (2L on nasal cannula). Treatment with corticosteroids was prescribed in 9 (60%) patients, who presented improved respiratory symptoms, PFTs, and radiological changes within one month of treatment. None continued to use supplementary oxygen. Patients who did not receive corticosteroids showed overall improvement more than three months after discharge, with two patients requiring supplemental oxygen to date.

Conclusion: Our findings suggest that patients presenting OP following COVID-19 benefit from treatment with corticosteroids in the outpatient setting.

Table 1: demographic and clinical data of study patients. Data are summarised as number (proportion), mean \pm standard deviation, or median [inter quartile range].

Variable	Group A	Group B
Age, years	41.3 \pm 13.8	49.6 \pm 14.2
Sex, female	7/19 (36.8%)	6/18 (33.3%)
RAPID score	2 [1-3.25]	3 [1.75 - 4]
Length of hospital stay, days	10.25 \pm 3.32	11.44 \pm 2.64

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P5-51 | Organizing pneumonia post COVID-19: Outcomes of treatment with corticosteroids in the outpatient setting

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P5-52 | Evaluation of the luminex xTAG respiratory viral panel fast v2 assay for rapid diagnosis of respiratory viral infections

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Background: Acute respiratory viral infection is a global public health concern with significant morbidity and mortality worldwide. Hence, it is highly essential to diagnose respiratory viral infections rapidly. The purpose of this study